

A Public Document

GIFT TO AGENCY REPORT

1. Agency Name Managed Risk Medical Insurance		Date Stamp	California Form 801 For Official Use Only
Division, Department, or Region <i>(if applicable)</i> Benefits and Quality Monitoring Division			
Street Address 1000 G Street Suite 450			
Area Code/Phone Number 916-324-4695	E-mail jcasillas@mrmib.ca.gov		
Agency Contact <i>(name and title)</i> Janette Casillas		<input type="checkbox"/> Amendment <i>(explain in comment section)</i> Date of Original Filing: _____ <i>(month, day, year)</i>	

2. Donor Name and Address

<input type="checkbox"/> Individual		<input checked="" type="checkbox"/> Other	
Last Name	First Name	Name	
<u>465 Medford Street</u>	<u>Boston</u>	<u>MA</u>	<u>02129</u>
<small>Address</small>	<small>City</small>	<small>State</small>	<small>Zip Code</small>

Strive for Optimum Oral Health

If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

If applicable, identify the name of each source and the amount(s) solicited or received by the donor for this gift:

<u>DentaQuest Foundation</u>	\$			\$	
<small>Name</small>		<small>Amount</small>	<small>Name</small>		<small>Amount</small>

3. Payment Information

Date and Amount of Payment	(other than travel)	<u> 3/20/12 </u>	\$	<u> 1306.00 </u>
		(month, day, year)		(Round to whole dollars)

Travel Payment Information	(Round to whole dollars)	Location of Travel	<u>Chicago</u>
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<u> 3/14-16/12 </u>	\$	<u> 700.24 </u>	\$	<u> 440.00 </u>	\$	<u> 127.00 </u>	\$	<u> 39.00 </u>	\$	<u> 1306.24 </u>
Date(s) of Travel		Transportation Expenses		Lodging Expenses		Meal Expenses		Other Expenses		Total Expenses

Provide a specific description of the nature and use of the payment for official agency business:

Identify the officials for whom the payment was used:

Badley		Ellen		Deputy Director	Benefits
Last Name	First Name			Title	Department/Division

4. Verification

I have determined that it is in the interests of the agency to accept this gift and use it for the official agency business described above.

Terresa Krum for Terresa Krum Chief Deputy Director 3/22/2012
 Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: (Use this space or an attachment for any additional information.)